

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1						51	
2							52	
3							53	
4							54	
5							55	
6							56	
7							57	
8							58	
9							59	
10	1						60	
11							61	
12							62	
13							63	
14							64	
15							65	
16							66	
17							67	
18							68	
19							69	
20							70	
21	1						71	
22							72	
23							73	
24							74	
25	1						75	
26		1					76	
27		1					77	
28		1					78	
29		1					79	
30		1					80	
31		1					81	
32		1					82	
33		1					83	
34	1						84	
35		1					85	
36		1					86	
37		1					87	
38		1					88	
39		1					89	
40		1					90	
41		1					91	
42		1					92	
43		1					93	
44	1	1					94	
45	1						95	
46	1						96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	48						TOTAL IND.	
TOTAL DEP.	38						TOTAL DEP.	
TOTAL CLAIMS	46						TOTAL CLAIMS	

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS